

**REQUEST FOR SERVICE**

**FedSource – Denver**

*formerly known as Rocky Mountain Regional CASU (RMRC)*

Box 25305, Bldg. 41, RM 137

Denver Federal Center

Denver, CO 80225

(303)236-1942 (303)236-0016 FAX

**Document Imaging**

Task Order Number: \_\_\_\_\_

**Section I - Service Requested (Information to be filled out by requesting agency)**

Agency Name \_\_\_\_\_

Interagency Number (IA #) \_\_\_\_\_ (this number can be found on our web site at [www.rmrc.casu.gov](http://www.rmrc.casu.gov) - click on the Customers link)

Requestor Name \_\_\_\_\_ Requestor Phone Number \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Requestor Fax Number \_\_\_\_\_ Requestor Email Address \_\_\_\_\_

Dates Required From: \_\_\_\_\_ To: \_\_\_\_\_ Report Time: \_\_\_\_\_ a.m. - \_\_\_\_\_ p.m.

Job Location: Street Address \_\_\_\_\_

Bldg. # \_\_\_\_\_ Entrance # \_\_\_\_\_ Floor \_\_\_\_\_ Room # \_\_\_\_\_

**Attached statement of work**

Approving Official Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Section II - Cost Estimate – (to be completed by FedSource - Denver)**

A funding document is now required from your agency to fund services through FedSource - Denver

Listed below is a cost estimate. Please supply our office with a funding document or if your office does not issue funding documents please have a budget official sign this form for funds.

Vendor estimate \$ \_\_\_\_\_ times FedSource Fee 5% of the vendor total invoice \$ \_\_\_\_\_

Miscellaneous charges \$ \_\_\_\_\_

Total of this estimate \$ \_\_\_\_\_

Task order number that has been assigned to this order \_\_\_\_\_ Vendor Chosen \_\_\_\_\_

**Section III - Funding Authority (to be completed by requesting agency)**

Funding Document Number \_\_\_\_\_ (Please attach a copy of document)

**OR**

Funding Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print the funding authority name here \_\_\_\_\_ Phone Number \_\_\_\_\_

**Section IV - Billing Information (to be completed by requesting agency)**

Place a checkmark next to the preferred method of billing and fill in the appropriate information per your agency

\_\_\_\_ IPAC Billing: Agency Locator Code \_\_\_\_\_  
Account Number (If using this request form as funding document) \_\_\_\_\_

\_\_\_\_ Credit Card: Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cardholder name \_\_\_\_\_ Cardholder Phone # \_\_\_\_\_  
Cardholder fax # \_\_\_\_\_ Cardholder email \_\_\_\_\_  
Cardholder signature \_\_\_\_\_

**Provide the following information as to how and where billing documents should be sent:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of receiving billing information:

\_\_\_\_ by e-mail: \_\_\_\_ by fax: \_\_\_\_ by mail: